

IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

Fact Sheet for Social Security Appeals: Plaintiff

Case Name: _____

Case No. _____

1. Type of application(s): _____

2. Date of application: _____

3. Disability onset date: _____

4. Statement of issues for judicial review, including identification of any finding challenged as not supported by substantial evidence: _____

5. Date of expiration of insured status: _____

6. Vocational factors:

Date of birth: _____ Age: _____ (at time of hearing)

Education (last grade completed): _____

Past work experience (with transcript references): _____

Last work experience (with transcript references): _____

7. Basis of ALJ's decision_____
- (E.g., nonsevere impairment, ability to perform past relevant work, grid, vocational testimony)
8. If the plaintiff bases the claim on a specific injury, state the specific injury and include transcript references:_____
- _____
- _____
9. If the plaintiff bases the claim on a medical condition or disease, specify the condition or disease and include transcript references:_____
- _____
- _____
10. If the plaintiff bases the claim on the opinion of a treating physician, summarize the opinion as it relates to the disability claimed only and include transcript references:
- _____
- _____
- _____